

City of Cincinnati
801 Plum Street
Cincinnati, OH 45202

Pay Group: GEN-AFSCME, Trades, Hourly
Pay Begin Date: 07/09/2000
Pay End Date: 07/22/2000
Advice #: 0154148
Advice Date: 08/01/2000

| | | | | | |
|---|-----------|---|-----------------------------|---|-----------------|
| Andrea L. Ngo 1697 Atson Ln Cincinnati, OH 45205 | | Employee ID: 12087 Department: 4604000-DIW-Laboratory Location: MSD-DIV OF INDUSTRIAL WASTE Job Title: Laboratory Technician 2 Pay Rate: \$14.925730 Hourly* | | TAX DATA: Federal: 0154148 OH State: 0154148 Marital Status: Married Allowances: 2 Addl. Pct.: 2 Addl. Amt.: | |
| HOURS AND EARNINGS | | | TAXES | | |
| Description | Rate | Current Hours | Earnings | YTD Hours | Earnings |
| Regular Earnings | 14.925730 | 80.00 | 1,194.06 | 1129.10 | 16,852.66 |
| Overtime @ Time & a Half | | | 0.00 | 0.50 | 11.19 |
| Vacation | | | 0.00 | 80.00 | 1,194.06 |
| Birthday Holiday | | | 0.00 | 8.00 | 119.41 |
| Absent Without Leave X | | | 0.00 | 16.00 | 0.00 |
| Comp-Time Earned | | | 0.00 | 2.25 | 0.00 |
| Comp-Time Taken | | | 0.00 | 1.70 | 25.38 |
| Sick With Pay | | | 0.00 | 45.20 | 674.64 |
| Total: | | | 80.00 | 1,194.06 | 1282.75 |
| BEFORE-TAX DEDUCTIONS | | | AFTER-TAX DEDUCTIONS | | |
| Description | Current | YTD | Description | Current | YTD |
| STATE Deferred Comp - Re | 286.15 | 4,306.15 | Local 1543 Union Dues | 13.28 | 212.48 |
| City Pension @ 2.5% | 83.58 | 1,320.57 | | | |
| Total: | | | 369.73 | 5,626.72 | |
| TOTAL GROSS | | | TOTAL TAXES | | |
| Current: | 1,194.06 | 824.33 | Current: | 115.40 | 383.01 |
| YTD: | 18,877.34 | 13,250.62 | YTD: | 1,852.19 | 5,839.20 |
| YTD LEAVE HOURS | | | NET PAY DISTRIBUTION | | |
| Description | Req. Bal | + Earned | - Used | +/- Adjusted | Sold - Cur. Bal |
| Vacation | 88.80 | 64.00 | 80.00 | | 72.80 |
| Sick | 159.30 | 64.00 | 45.20 | | 178.10 |
| Comp | 7.00 | | 1.70 | 2.25 | 7.55 |
| Total: | | | NET PAY DISTRIBUTION | | |
| | | | Advice #0154148 | | |
| | | | 695.65 | | |
| | | | Total: | | |
| | | | 695.65 | | |

MESSAGE: P#16-Auction 8/5-Sanitation Incinerator Bldg.3320 Millcreek.View@8AM-Auction@9AM

* - Job titles with "EXM" are FLSA exempt; hourly pay is for computational purposes only



NON-NEGOTIABLE

DIRECT DEPOSIT NOTIFICATION

Deposit Amount: \$695.65

FOR:

Andrea L. Ngo

| DATE | ADVICE # |
|------------|----------|
| 08/01/2000 | 0154148 |

| DIRECT DEPOSIT DISTRIBUTION | | |
|-----------------------------|----------------|-----------------|
| Account Type | Account Number | Deposit Amount |
| Checking | 3297216 | \$695.65 |
| Total: | | \$695.65 |

234

City of Cincinnati
1697 Atson Ln
Cincinnati, OH 45202

Pay Group: GEN-AFSCME, Trades, Hourly
Pay Begin Date: 02/16/2003
Pay End Date: 03/01/2003
Advice #: 0519609
Advice Date: 03/11/2003

| Andrea L. Ngo 1697 Atson Ln Cincinnati, OH 45205 | | Employee ID: 12087 Department: 4604000-DIW-Laboratory Location: MSD-DIV OF INDUSTRIAL WASTE Job Title: Laboratory Technician 2 Pay Rate: \$16.309748 Hourly* | | TAX DATA: Federal OH State Marital Status: Married Married Allowances: 2 2 Addl. Pct.: Addl. Amt.: | |
|---|-----------|--|------------------------|---|-----------------|
| HOURS AND EARNINGS | | | | | |
| Description | Rate | Current | | YTD | |
| | | Hours | Earnings | Hours | Earnings |
| Regular Earnings | 16.309748 | 63.90 | 1,042.19 | 311.90 | 5,087.01 |
| Absent Without Leave | 16.309748 | 8.00 | 0.00 | 8.00 | 0.00 |
| Sick With Pay | 16.309748 | 8.00 | 130.48 | 8.00 | 130.48 |
| Vacation | 16.309748 | 0.10 | 1.63 | 64.10 | 1,045.45 |
| Birthday Holiday | | | 0.00 | 8.00 | 130.48 |
| Total: | | 80.00 | 1,174.30 | 400.00 | 6,393.42 |
| TAXES | | | | | |
| Description | Current | YTD | | | |
| Fed Withholding | 6.34 | 80.26 | | | |
| Fed MED/EE | 17.03 | 92.60 | | | |
| OH Withholding | 8.26 | 58.30 | | | |
| OH CINCINNATI Withh | 24.66 | 134.26 | | | |
| Total: | | 56.29 | 365.42 | | |
| BEFORE-TAX DEDUCTIONS | | | AFTER-TAX DEDUCTIONS | | |
| Description | Current | YTD | Description | Current | YTD |
| Blue Access Health Plan | 7.50 | 37.50 | Local 1543 Union Dues | 14.38 | 71.90 |
| State Deferred Comp > 50 | 538.46 | 2,692.30 | | | |
| City Pension @ 2.5% | 82.20 | 447.52 | | | |
| Total: | | 628.16 3,177.32 | Total: | | 14.38 71.90 |
| TOTAL GROSS | | | FED TAXABLE GROSS | | |
| Current: 1,174.30 | | | 546.14 | | |
| YTD: 6,393.42 | | | 3,216.10 | | |
| TOTAL TAXES | | | TOTAL DEDUCTIONS | | |
| Current: 56.29 | | | 642.54 | | |
| YTD: 365.42 | | | 3,249.22 | | |
| NET PAY | | | NET PAY DISTRIBUTION | | |
| Current: 475.47 | | | Advice #0519609 475.47 | | |
| YTD: 2,778.78 | | | Total: 475.47 | | |
| YTD LEAVE HOURS | | | | | |
| Description | Beg. Bal | + Earned | - Used | +/- Adjusted | Sold = Cur. Bal |
| Vacation | 120.80 | 20.00 | 64.10 | | 76.70 |
| Sick | 189.10 | 20.00 | 8.00 | | 201.10 |
| Comp | 5.15 | | | | 5.15 |
| Max. Accrual 237 | | | | | |

MESSAGE: PP#5-March is Red Cross Month. Together, we can save a life. 579-3000 for Info.

* = Job titles with "EXM" are FLSA exempt; hourly pay is for computational purposes only



NON-NEGOTIABLE

DIRECT DEPOSIT NOTIFICATION

Deposit Amount: \$475.47

FOR:
Andrea L. Ngo

| DATE | ADVICE# |
|------------|---------|
| 03/11/2003 | 0519609 |

| DIRECT DEPOSIT DISTRIBUTION | | |
|-----------------------------|----------------|-----------------|
| Account Type | Account Number | Deposit Amount |
| Checking | 3297216 | \$475.47 |
| Total: | | \$475.47 |

24 C

Certificate To Return To Work/School

Name: ANDREA NGO
has been under my care from 5/31/00 to 6/2/00
and will be able to return to work/school on 6/2/00

Limitations/Remarks: Patient has
dizzy spells & repeating
headache. + missed work
5/25/00 + 5/28/00

Dr. RANESSES Phone 385 4757
Address 5944 Leland Ave Date 5/31/00
CINCINNATI OH 45239

allegra
fexofenadine HCl 60mg
capsules

allegra-D
fexofenadine HCl 60mg / pseudoephedrine HCl 120mg
extended-release tablets

-----Original Message-----

From: Boyle, Jim
Sent: Friday, June 02, 2000 8:00 AM
To: Jones, Karen L; Head, Beverly
Cc: Gouda, Ty; Ngo, Andrea L.
Subject: sup 12

Karen,

Andrea has submitted a doctor's note for 5/25/00 - 5/26/00.

Please make the following corrections in the Supplemental for pay period #12.

5/25/00 change 8hrs AWL to 8 hrs SWP.

5/26/00 change 8hrs AWL to 8 hrs SWP.

CITY OF CINCINNATI
APPLICATION FOR LEAVE OF ABSENCE

| | | | | |
|---|---|--------------------------------|---|--|
| Employee Name ANDREA L. NGO | | | Social Security No. 294-76-1347 | Badge Number |
| Type of Leave: Leave With Pay <input type="checkbox"/> Vacation <input checked="" type="checkbox"/> SWP (Sick With Pay)* <input type="checkbox"/> SAD (Sick Pay Death)* <input type="checkbox"/> SPF (Sick Pay Family)* <input type="checkbox"/> SPM (Sick Pay Maternity) <input type="checkbox"/> FFD (Firefighter's Death) <input type="checkbox"/> SPI (Sick Pay Injury)* <input type="checkbox"/> IWP (Injury With Pay)* <input type="checkbox"/> DNT (Donated Time) <input type="checkbox"/> PWP (Military Training) <input type="checkbox"/> PWP (Jury) <input type="checkbox"/> PWP (Union) <input type="checkbox"/> PWP (Pre-Induction) <input type="checkbox"/> PWP (Terminal Leave)* <input type="checkbox"/> Holiday <input type="checkbox"/> Compensatory Time <input type="checkbox"/> Other _____* Leave Without Pay <input type="checkbox"/> LWP (Sick Without Pay)* <input type="checkbox"/> LWP (Leave Without Pay)* <input type="checkbox"/> LWP (Injured Without Pay)* <input type="checkbox"/> LWP (Maternity) <input type="checkbox"/> LWP (Absent Without Leave)* <input type="checkbox"/> Tardy* <input type="checkbox"/> Suspension | Beginning Date 10-25-99 | Ending Date 10-28-99 | Total Work Hours 28.80 ALL | Off days if other than Saturday and Sunday |
| | Reason (if "Type of Leave" is asterisked or of more than one type, or request is not routine.) HEADACHE & DIZZINESS due to STRESS AT WORK | | | |
| | Specify relationship of relative if SPD or SPF | | | |
| | If illness or injury: _____ Special instructions to employee: Physician's name _____ <input type="checkbox"/> Medical certificate requested. Next Dr.'s appointment _____ <input type="checkbox"/> Must telephone again if absence continues. When? _____ Was illness or injury caused by outside job? Yes _____ No _____ <input type="checkbox"/> Other _____ Address and telephone during absence if other than permanent address _____ | | | |
| If leave is requested by telephone: Person making call _____ Relationship to employee _____ | | | Request received by: ALMA & TY GOUDA Date 10/25/99 Time 9:15 (AM/PM) | |

CERTIFICATE TO RETURN TO WORK OR SCHOOL

Mr _____
Mrs **ANDREA NGO**
Ms _____

was under my care from **10/25/99** to **10/29/99**
and will be able to return to work/school on **10/29/99**

Remarks **Patient is under a lot of stress at work. She is known to have hypertension & now with stress related tension headache.**

Dr **RANES** Phone **385-4757**
Address **5544 Colerain AVE** Date **10/25/99**
CINCINNATI OH 45239

0040-3 PRINTED IN USA 10009307-69790 Copyright ©1997 ELLI LILLY AND COMPANY All Rights Reserved

(if more space is needed.) See Section 3.2, Personnel Policies and

Lilly

| | | |
|---|--|-----------------|
| APPROVED Ty Gouda Immediate Supervisor | APPROVED DISAPPROVED Division Head | Department Head |
|---|--|-----------------|

PAY PERIOD # 23

..... DIVISION OF INDUSTRIAL WASTE

Punch Detail Report
Previous pay period

Page 0001
11/02/1999 11:43a

| NGO, ANDREA L. | ID IN | Dept | ACTIVITY | 12087 | OUT | ID IN | Dept | ACTIVITY | OUT | TOTALS | |
|-----------------------|-------|------|----------|-------|--------|-------|------|----------|-------|-----------|-------|
| Sun 10/17 Unscheduled | | | | | 303p | | | | | 8.00 | |
| Mon 10/18 636a | | | | | 259p | | | | | 8.00 | |
| Tue 10/19 631a | | | | | 301p | | | | | 8.00 | |
| Wed 10/20 632a | | | | | 301p | | | | | 8.00 | |
| Thu 10/21 634a | | | | | 304p | | | | | 8.00 | |
| Fri 10/22 627a | | | | | | | | | | | |
| Sat 10/23 Unscheduled | | | | | | | | | | | |
| Sun 10/24 Unscheduled | | | | | 945a*E | | | | | 3.20 | |
| Mon 10/25 630a | | | | | | | | | | 4.80 | |
| Mon 10/25 945a AWL | | | | | | | | | | 8.00 | |
| Tue 10/26 630a AWL | | | | | | | | | | 8.00 | |
| Wed 10/27 630a AWL | | | | | | | | | | 8.00 | |
| Thu 10/28 630a AWL | | | | | | | | | | 8.00 | |
| Fri 10/29 625a | | | | | 256p | | | | | 51.20 | |
| Sat 10/30 Unscheduled | | | | | | | | | | | |
| - Audit Suppressed - | | | | | | | | | | | |
| Acct:4604 | | | | | REG: | 51.20 | | AWL: | 28.80 | TOTALHRS: | 80.00 |

Andrea L.H. Ngo

EMPLOYEE SIGNATURE:

SUPERVISOR'S APPROVAL:

216

***** DIVISION OF INDUSTRIAL WASTE *****
 Punch Detail Report
 Previous pay period
 Acct:4604, all pay rules, all timekeeper terminal groups

Page 0011
PAY PERIOD #12

| NGO, ANDREA L. | | 12087 | | TOTALS | |
|----------------------|---------------|-------|-------|---------------|-------|
| ID IN | Dept ACTIVITY | OUT | ID IN | Dept ACTIVITY | OUT |
| Sun 05/14 | Unscheduled | | | | |
| Mon 05/15 | 633a | 300P | | | 8.00 |
| Tue 05/16 | 630a | 300P | | | 8.00 |
| Wed 05/17 | 633a | 302P | | | 8.00 |
| Thu 05/18 | 635a | 303P | | | 8.00 |
| Fri 05/19 | 635a | 301P | | | 8.00 |
| Sat 05/20 | Unscheduled | | | | 40.00 |
| Sun 05/21 | Unscheduled | | | | |
| Mon 05/22 | 635a | 303P | | | 8.00 |
| Tue 05/23 | 635a | 301P | | | 8.00 |
| Wed 05/24 | 630a CTT+N | 301P | | | 7.80 |
| Thu 05/25 | 630a AML | | | | 0.20 |
| Fri 05/26 | 630a AML | | | | 8.00 |
| Sat 05/27 | Unscheduled | | | | 8.00 |
| - Audit Suppressed - | | | | | |
| Acct:4604 | | | | | |
| REG: | | 63.80 | AML: | | 16.00 |
| TOTALHRS: | | 80.00 | CTT: | | 0.20 |

EMPLOYEE SIGNATURE:

Andrea L. H. 1990

SUPERVISOR'S APPROVAL:

23a

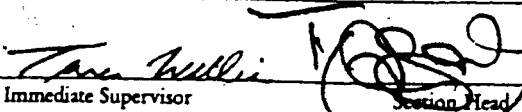
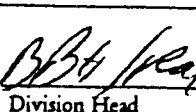
APPLICATION FOR LEAVE OF ABSENCE

Case 1:00-cv-00961-MRB Document 41-5 Filed 01/31/2005 Page 8 of 12

| | | | | |
|--|----------------------------------|---|---|--|
| Employee Name ANDREA L. NGO | | | Social Security No. 294-76-1347 | Badge Number |
| Type of Leave: Leave With Pay <input type="checkbox"/> Vacation <input checked="" type="checkbox"/> SWP (Sick With Pay)* <input type="checkbox"/> SAD (Sick Pay Death)* <input type="checkbox"/> SPF (Sick Pay Family)* <input type="checkbox"/> SPM (Sick Pay Maternity) <input type="checkbox"/> FFD (Firefighter's Death) <input type="checkbox"/> SPI (Sick Pay Injury)* <input type="checkbox"/> IWP (Injury With Pay)* <input type="checkbox"/> DNT (Donated Time) <input type="checkbox"/> PWP (Military Training)- <input type="checkbox"/> PWP (Jury) <input type="checkbox"/> PWP (Union) <input type="checkbox"/> PWP (Pre-Induction) <input type="checkbox"/> PWP (Terminal Leave)* <input type="checkbox"/> Holiday <input type="checkbox"/> Compensatory Time <input type="checkbox"/> Other _____ | Beginning Date 5-25-00 | Ending Date 5-26-00 | Total Work Hours 16 | Off days if other than Saturday and Sunday |
| Reason (if "Type of Leave" is asterisked or of more than one type, or request is not routine.) Headache & dizziness | | | | |
| Specify relationship of relative if SPD or SPF | | | | |
| If illness or injury: | | Special instructions to employee: | | |
| Physician's name _____ | | <input type="checkbox"/> Medical certificate requested. | | |
| Next Dr.'s appointment _____ | | <input type="checkbox"/> Must telephone again if absence continues. When? _____ | | |
| Was illness or injury caused by outside job? Yes _____ No _____ | | <input type="checkbox"/> Other _____ | | |
| Address and telephone during absence if other than permanent address | | | | |
| If leave is requested by telephone: | | Request received by: Tara Williams | | |
| Person making call self | | Answering machine & Gion | | |
| Relationship to employee _____ | | Nguyen & Annie Sierra | | |
| | | Date 5/25-26 Time 7:00 (AM/PM) | | |
| Employee Signature & Title (not necessary for telephone requests, except SPI beyond 5 days) andrea d.h. ngo Lab Tech 2 | | | | |

Report and recommendation of immediate supervisor and/or section head (use reverse side if more space is needed.) See Section 3.2, Personnel Policies and Procedures for details on various leave policies.

1st Instance

| | | | |
|-------------|---|-------------|--|
| APPROVED |  | APPROVED |  |
| DISAPPROVED | Immediate Supervisor | DISAPPROVED | Division Head |
| | Section Head | | Department Head |

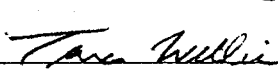
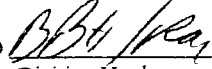
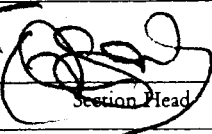
23 b

| | | | | |
|---|---|---|---|--|
| Employee Name ANDREA L. NGO | | | Social Security No. 294-76-1347 | Badge Number |
| Type of Leave: Leave With Pay <input type="checkbox"/> Vacation <input checked="" type="checkbox"/> SWP (Sick With Pay)* <input type="checkbox"/> SAD (Sick Pay Death)* <input type="checkbox"/> SPF (Sick Pay Family)* <input type="checkbox"/> SPM (Sick Pay Maternity) <input type="checkbox"/> FFD (Firefighter's Death) <input type="checkbox"/> SPI (Sick Pay Injury)* <input type="checkbox"/> IWP (Injury With Pay)* <input type="checkbox"/> DNT (Donated Time) <input type="checkbox"/> PWP (Military Training) <input type="checkbox"/> PWP (Jury) <input type="checkbox"/> PWP (Union) <input type="checkbox"/> PWP (Pre-Induction) <input type="checkbox"/> PWP (Terminal Leave)* <input type="checkbox"/> Holiday <input type="checkbox"/> Compensatory Time <input type="checkbox"/> Other _____* | Beginning Date 5-25-00 | Ending Date 5-26-00 | Total Work Hours 16 | Off days if other than Saturday and Sunday |
| | Reason (if "Type of Leave" is asterisked or of more than one type, or request is not routine.) Headache & dizziness | | | |
| | Specify relationship of relative if SPD or SPF | | | |
| | If illness or injury: | | Special instructions to employee: | |
| | Physician's name _____ | | <input type="checkbox"/> Medical certificate requested. | |
| Next Dr.'s appointment _____ | | <input type="checkbox"/> Must telephone again if absence continues. When? _____ | | |
| Was illness or injury caused by outside job? Yes _____ No _____ | | <input type="checkbox"/> Other _____ | | |
| Address and telephone during absence if other than permanent address | | | | |
| If leave is requested by telephone: | | | Request received by: Tara Williams & Answering machine & Gia | |
| Person making call self | | | Nguyen & Annie Sierra | |
| Relationship to employee _____ | | | Date 5/25-26 Time ~7:00 (AM/PM) | |
| Employee Signature & Title (not necessary for telephone requests, except SPI beyond 5 days) andrea d.H. ngo Lab Tech 2 | | | | |

*See "Reason" Block Above

Report and recommendation of immediate supervisor and/or section head (use reverse side if more space is needed.) See Section 3.2, Personnel Policies and Procedures for details on various leave policies.

1st Instance

| | | | |
|-------------|---|-------------|--|
| APPROVED |  | APPROVED |  |
| DISAPPROVED | Immediate Supervisor | DISAPPROVED | Division Head |
| |  | | Department Head |

CITY OF CINCINNATI
APPLICATION FOR LEAVE OF ABSENCE

| | | | | |
|--|--|---|---|--|
| Employee Name <u>ALONSO L. MORA</u> | | | Social Security No. <u>294 74-1347</u> | Badge Number |
| Type of Leave: Leave With Pay <input type="checkbox"/> Vacation <input type="checkbox"/> SWP (Sick With Pay)* <input type="checkbox"/> SAD (Sick Pay Death)* <input type="checkbox"/> SPF (Sick Pay Family)* <input type="checkbox"/> SPM (Sick Pay Maternity) <input type="checkbox"/> FFD (Firefighter's Death) <input type="checkbox"/> SPI (Sick Pay Injury)* <input type="checkbox"/> IWP (Injury With Pay)* <input type="checkbox"/> DNT (Donated Time) <input type="checkbox"/> PWP (Military Training) <input type="checkbox"/> PWP (Jury) <input type="checkbox"/> PWP (Union) <input type="checkbox"/> PWP (Pre-Induction) <input type="checkbox"/> PWP (Terminal Leave)* <input type="checkbox"/> Holiday <input type="checkbox"/> Compensatory Time <input type="checkbox"/> Other _____* Leave Without Pay <input type="checkbox"/> LWP (Sick Without Pay)* <input type="checkbox"/> LWP (Leave Without Pay)* <input type="checkbox"/> LWP (Injured Without Pay)* <input type="checkbox"/> LWP (Maternity) <input type="checkbox"/> LWP (Absent Without Leave)* <input type="checkbox"/> Tardy* <input type="checkbox"/> Suspension <input type="checkbox"/> Other _____* *See "Reason" Block Above | Beginning Date <u>2/11/03</u> | Ending Date <u>2/20/03</u> | Total Work Hours <u>16</u> | Off days if other than Saturday and Sunday |
| | Reason (if "Type of Leave" is asterisked or of more than one type, or request is not routine.) <u>Referring from Goodbody & Associates</u> <u>(doctor's note attached)</u> | | | |
| | Specify relationship of relative if SPD or SPF | | | |
| | If illness or injury: | | Special instructions to employee: | |
| | Physician's name _____ | | <input type="checkbox"/> Medical certificate requested. | |
| Next Dr.'s appointment _____ | | <input type="checkbox"/> Must telephone again if absence continues. When? _____ | | |
| Was illness or injury caused by outside job? Yes _____ No _____ | | <input type="checkbox"/> Other _____ | | |
| Address and telephone during absence if other than permanent address | | | | |
| If leave is requested by telephone: | | | Request received by: | |
| Person making call _____ | | | <u>Andres Lopez Villanueva</u> | |
| Relationship to employee _____ | | | Date <u>2/11/03</u> Time <u>1:00</u> AM/PM | |
| Employee Signature & Title (not necessary for telephone requests, except SPI beyond 5 days) <u>Andres Lopez Villanueva</u> <u>2/11/03</u> | | | | |

Report and recommendation of immediate supervisor and/or section head (use reverse side if more space is needed.) See Section 3.2, Personnel Policies and Procedures for details on various leave policies.

| | | |
|----------------------|-------------------|-----------------|
| APPROVED | APPROVED | 24a |
| DISAPPROVED _____ | DISAPPROVED _____ | |
| Immediate Supervisor | Section Head | Division Head |
| | | Department Head |

Excused Absence Form

Andrea Ngo
may return to work/school on:
was seen in our office on
2-20-03. Please excuse her
for 2-19-03 & 2-20-03 due
to illness. M.D.

Signature of Physician

Comments: Any Questions feel free
to call 251-7777.

RIVERSIDE MEDICAL CENTER

PRICE HILL

929 ENRIGHT

CINCINNATI, OH 45205

TEL: (513) 251-7777

FAX: (513) 251-7750

OMNICEF
(cefdipir)
capsules and for oral suspension



Abbott Laboratories Inc.
North Chicago, IL 60064

| CITY OF CINCINNATI APPLICATION FOR LEAVE OF ABSENCE | | | |
|--|-----------------------------------|---|------------------------------|
| Employee Name ANDREA L. NGO | | Social Security No. 294-76-1347 | Badge Number |
| Type of Leave: Leave With Pay | Beginning Date 11/19/99 | Ending Date 11/19/99 | Total Work Hours 8 |
| Off days if other than Saturday and Sunday | | | |
| Reason (if "Type of Leave" is asterisked or of more than one type, or request is not routine.) | | | |
| <input checked="" type="checkbox"/> Vacation <input type="checkbox"/> SWP (Sick With Pay)* <input type="checkbox"/> SAD (Sick Pay Death)* <input type="checkbox"/> SPF (Sick Pay Family)* <input type="checkbox"/> SPM (Sick Pay Maternity) <input type="checkbox"/> FFD (Firefighter's Death) <input type="checkbox"/> SPI (Sick Pay Injury)* <input type="checkbox"/> IWP (Injury With Pay)* <input type="checkbox"/> DNT (Donated Time) <input type="checkbox"/> PWP (Military Training) <input type="checkbox"/> PWP (Jury) <input type="checkbox"/> PWP (Union) <input type="checkbox"/> PWP (Pre-Induction) <input type="checkbox"/> PWP (Terminal Leave)* <input type="checkbox"/> Holiday <input type="checkbox"/> Compensatory Time <input type="checkbox"/> Other _____* | | | |
| Specify relationship of relative if SPD or SPF | | | |
| If illness or injury: | | Special instructions to employee: | |
| Physician's name _____ | | <input type="checkbox"/> Medical certificate requested. | |
| Next Dr.'s appointment _____ | | <input type="checkbox"/> Must telephone again if absence continues. When? _____ | |
| Was illness or injury caused by outside job? Yes _____ No _____ <input type="checkbox"/> Other _____ | | | |
| Address and telephone during absence if other than permanent address | | | |
| If leave is requested by telephone: | | Request received by: | |
| Person making call _____ | | TARA WILLIAMS | |
| Relationship to employee _____ | | Date 11/19/99 Time 8:15 AM/PM | |
| Employee Signature & Title (not necessary for telephone requests, except SPI beyond 5 days) | | | |
| Andrea L. Ngo Lab Tech 2 | | | |

Report and recommendation of immediate supervisor and/or section head (use reverse side if more space is needed.) See Section 3.2, Personnel Policies and Procedures for details on various leave policies.

* Plants were stolen
from desk

* Reported to Police on 11/22
case # (39910001)

| | | | |
|----------------------|-----------------------------|---------------|----------------------------|
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| Immediate Supervisor | Section Head <i>Ty G...</i> | Division Head | Department Head 25a |